

<i>SERFF Tracking Number:</i>	<i>TRVD-125961233</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-12-0048-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Deluxe Property</i>		
<i>Project Name/Number:</i>	<i>New Deluxe Property Form/2008-12-0048-F</i>		

Filing at a Glance

Companies: NIPPONKOA Insurance Company Ltd.,(U.S.Branch), The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Property Casualty Company of America

Product Name: Deluxe Property	SERFF Tr Num: TRVD-125961233	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: 2008-12-0048-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Llyweyia Rawlins, Brittany Yielding
	Authors: Karen Christiansen, Jill Karlstad, Kathleen Pohlman	Disposition Date: 01/08/2009
	Date Submitted: 01/06/2009	Disposition Status: Approved
Effective Date Requested (New): 06/01/2009		Effective Date (New): 06/01/2009
Effective Date Requested (Renewal): 06/01/2009		Effective Date (Renewal): 06/01/2009

State Filing Description:

General Information

Project Name: New Deluxe Property Form	Status of Filing in Domicile: Pending
Project Number: 2008-12-0048-F	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 01/08/2009	
State Status Changed: 01/06/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

In compliance with the insurance laws and regulations of your state, we wish to place on file a new endorsement for use with our Deluxe Property Coverage.

<i>SERFF Tracking Number:</i>	<i>TRVD-125961233</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
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<i>Product Name:</i>	<i>Deluxe Property</i>		
<i>Project Name/Number:</i>	<i>New Deluxe Property Form/2008-12-0048-F</i>		

The purpose of this filing is to introduce mandatory Form DX T4 23 02 09, Personal Property Outside of the Coverage Territory, which will be used with our Deluxe Property Coverage Part. This endorsement broadens coverage for personal property at Undescribed Premises outside the Coverage Territory subject to an automatic \$50,000 limit and for personal property in due course of transit outside the Coverage Territory subject to an automatic \$25,000 limit. Both limits can be increased

The corresponding Rule filing was not required to be filed with your state.

Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

Company and Contact

Filing Contact Information

Kathleen Pohlman, Senior Regulatory Analyst	KPOHLMAN@travelers.com
385 Washington Street	(651) 310-5573 [Phone]
St. Paul, MN 55102	(651) 310-4361[FAX]

Filing Company Information

NIPPONKOA Insurance Company	CoCode: 27073	State of Domicile: New York
Ltd.,(U.S.Branch)		
One Tower Square	Group Code: 2558	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 98-0032627	

The Charter Oak Fire Insurance Company	CoCode: 25615	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0291290	

<i>SERFF Tracking Number:</i>	<i>TRVD-125961233</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-12-0048-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Deluxe Property</i>		
<i>Project Name/Number:</i>	<i>New Deluxe Property Form/2008-12-0048-F</i>		

The Phoenix Insurance Company	CoCode: 25623	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0303275	

The Travelers Indemnity Company	CoCode: 25658	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0566050	

The Travelers Indemnity Company of America	CoCode: 25666	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 01683	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 58-6020487	

The Travelers Indemnity Company Of Connecticut	CoCode: 25682	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0336212	

Travelers Property Casualty Company of America	CoCode: 25674	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 36-2719165	

SERFF Tracking Number: TRVD-125961233 State: Arkansas

First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50
 Ltd.,(U.S.Branch), ...

Company Tracking Number: 2008-12-0048-F

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Deluxe Property

Project Name/Number: New Deluxe Property Form/2008-12-0048-F

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$50.00	01/06/2009	24845179
The Charter Oak Fire Insurance Company	\$0.00	01/06/2009	
The Phoenix Insurance Company	\$0.00	01/06/2009	
The Travelers Indemnity Company	\$0.00	01/06/2009	
The Travelers Indemnity Company of America	\$0.00	01/06/2009	
The Travelers Indemnity Company Of Connecticut	\$0.00	01/06/2009	
Travelers Property Casualty Company of America	\$0.00	01/06/2009	

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	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-12-0048-F</i>		
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<i>Product Name:</i>	<i>Deluxe Property</i>		
<i>Project Name/Number:</i>	<i>New Deluxe Property Form/2008-12-0048-F</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/08/2009	01/08/2009

<i>SERFF Tracking Number:</i>	<i>TRVD-125961233</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-12-0048-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Deluxe Property</i>		
<i>Project Name/Number:</i>	<i>New Deluxe Property Form/2008-12-0048-F</i>		

Disposition

Disposition Date: 01/08/2009
Effective Date (New): 06/01/2009
Effective Date (Renewal): 06/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: TRVD-125961233 *State:* Arkansas
First Filing Company: NIPPONKOA Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: 2008-12-0048-F
TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Deluxe Property
Project Name/Number: New Deluxe Property Form/2008-12-0048-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Personal Property Outside of the Coverage Territory	Approved	Yes

SERFF Tracking Number: TRVD-125961233 State: Arkansas

First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50
 Ltd.,(U.S.Branch), ...

Company Tracking Number: 2008-12-0048-F

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Deluxe Property

Project Name/Number: New Deluxe Property Form/2008-12-0048-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Property Outside of the Coverage Territory	DX T4 23 02 09	02-2009	Endorsement/Amendment/Conditions	New	0.00	DX T4 23 02 09 PP Outside Coverage Territory.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DELUXE PROPERTY COVERAGE PART AMENDATORY ENDORSEMENT

**PERSONAL PROPERTY OUTSIDE
OF THE COVERAGE TERRITORY**

This endorsement modifies insurance provided under the following:

DELUXE PROPERTY COVERAGE FORM

The following are added to the Coverage Extensions in Section **A.5.**:

**A. PERSONAL PROPERTY AT PREMISES
OUTSIDE OF THE COVERAGE
TERRITORY**

1. The insurance that applies to Your Business Personal Property and Property of Others is extended to apply to loss or damage to such property occurring at premises located outside of the Coverage Territory, except within any country on which the United States government has imposed sanctions, embargoes or any similar prohibition.
2. This Extension does not apply to:
 - a. Property at an "exhibition";
 - b. Property at any installation site or in temporary storage awaiting installation;
 - c. Property in the care, custody or control of your sales representatives; or
 - d. Property in transit.
3. The most we will pay for loss or damage in any one occurrence under this Extension is the Limit of Insurance shown in the SCHEDULE of this endorsement for Personal Property at

Premises Outside of the Coverage Territory. This is additional insurance.

4. If loss or damage under this Extension is also covered under the Overseas Business Travel Coverage Extension in Section **A.4.i.** of the Deluxe Property Coverage Form, the most we will pay for such loss or damage is the higher of the Limits of Insurance applicable to the two Extensions.

**B. PERSONAL PROPERTY IN TRANSIT
OUTSIDE OF THE COVERAGE
TERRITORY**

1. The insurance provided for Personal Property in Transit is extended to apply worldwide, except within, or en route to or from, any country on which the United States government has imposed sanctions, embargoes or any similar prohibition.
2. The most we will pay for loss or damage in any one occurrence under this Extension is the Limit of Insurance shown in the SCHEDULE of this endorsement for Personal Property in Transit Outside of the Coverage Territory. This is additional insurance.

SCHEDULE

Limit of Insurance

Personal Property at Premises
Outside of the Coverage Territory:

\$ 50,000 unless a higher limit is shown: **\$**

Personal Property in Transit Outside
of the Coverage Territory:

\$ 25,000 unless a higher limit is shown: **\$**

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<i>Project Name/Number:</i>	<i>New Deluxe Property Form/2008-12-0048-F</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>TRVD-125961233</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>New Deluxe Property Form/2008-12-0048-F</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/08/2009
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Comments:

Attachments:

NAIC Transmittal Doc AR-F.pdf
NAIC Form Filing Schedule AR-F.pdf

Property & Casualty Transmittal Document


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Travelers Insurance Company	3548 & 2558

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Travelers Indemnity Company	CT	25658	06-0566050	
The Charter Oak Fire Insurance Company	CT	25615	06-0291290	
The Travelers Indemnity Company of Connecticut	CT	25682	06-0336212	
The Travelers Indemnity Company of America	CT	25666	58-6020487	
The Phoenix Insurance Company	CT	25623	06-0303275	
Travelers Property Casualty Company of America	CT	25674	36-2719165	
NIPPONKOA Insurance Company, Ltd. (U.S. Branch)	NY	27073	98-0032627	

5. Company Tracking Number	2008-12-0048-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Kathleen Pohlman 385 Washington St. St. Paul, MN 55102	Senior Regulatory Analyst	(800) 328-2189 Ext. 05573 (651) 310-5573	(651) 310-4361	kpohlman@travelers.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Kathleen Pohlman		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	1.0000 Property
10. Sub-Type of Insurance (Sub-TOI)	1.0001 Commercial Property (Fire & Allied Lines)
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Deluxe Property
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 06/01/09 Renewal: 06/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	December 6, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-12-0048-F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In compliance with the insurance laws and regulations of your state, we wish to place on file a new endorsement for use with our Deluxe Property Coverage.

The purpose of this filing is to introduce mandatory Form DX T4 23 02 09, Personal Property Outside of the Coverage Territory, which will be used with our Deluxe Property Coverage Part. This endorsement broadens coverage for personal property at Undescribed Premises outside the Coverage Territory subject to an automatic \$50,000 limit and for personal property in due course of transit outside the Coverage Territory subject to an automatic \$25,000 limit. Both limits can be increased

The corresponding Rule filing was not required to be filed with your state.

We plan to implement these changes with respect to policies effective on or after June 1, 2009. Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: N/A - EFT

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1